

CASE NUMBER \_\_\_\_\_ ATTORNEY \_\_\_\_\_

I hereby certify that the following time was expended in representation of the defendant/party represented:

ITEMIZED FEE STATEMENT														
OUT-OF-COURT HOURS								IN-COURT HOURS						
DATE OF SERVICE	I N T E R V I E W I N G	I N V E S T I G A T I O N	R E S E A R C H & W R I T I N G	N E G O T I A T I O N S & C O N F E R E N C E S	T R A V E L	O U T - O F - C O U R T	TOTAL	P H E A R I N G S	T R I A L	P L E A H E A R I N G	D H E A R I N G P O I N T I O N A L	P H O E A R I N G T R I A L	I O N T H - C O R T	TOTAL
	1	2	3	4	5	6	HRS: OUT	7	8	9	10	11	12	HRS: IN
TOTAL HOURS														
	1	2	3	4	5	6	HRS: OUT	7	8	9	10	11	12	HRS: IN

I hereby certify that the following expenses were incurred:\*

Use the following categories for type: (1) Experts (2) Postage/Phone (3) Records/Reports (4) Transcripts (5) Travel (6) Other

EXPENSE	TYPE	PAID TO	AMOUNT
TOTAL			

\*TO OBTAIN REIMBURSEMENT, THE PURPOSE OF EACH EXPENSE MUST BE CLEARLY IDENTIFIED, AND A RECEIPT MUST BE PROVIDED FOR EACH EXPENDITURE OVER \$1.00.